24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
	0 000334774
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Scott Howell & Company	03 10 7 2014
Mailing Address 3900 Willow St.	Amount
Suite 200 City State Zip Code	30100.52
Dallas TX 75226	Transaction ID : SE.4154 Date of Disbursement or Obligation
Purpose of Expenditure Radio ad Category/ Type 004	03 06 Y 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee Winning Edge	Date of Public Distribution/Dissemination
Mailing Address PO Box 269	03 10 2014 Amount
City State Zip Code Alexandria AL 36250	10000.00 Transaction ID : SE.4153
Purpose of Evpanditure	Date of Disbursement or Obligation
Mail Category/ Type 004	03 06 7 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	(
(a) SUBTOTAL of Itemized Independent Expenditures	40100.52
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	40100.52
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	03 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	